



Application for Employment

(Application must be completed in full even if attaching a resume.)

Applicant Information

First Name	Middle	Last Name	
Current Address	City	State	Zip
Email Address	Home Phone	Cell Phone	Work Phone
Previous Address (if @ current <2 yrs)	City	State	Zip

Education

School Level	Name & School Address	Major/Subject	Years completed:	Graduated?	Diploma/ Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional References: Please list someone you have reported to or worked closely with

Professional Reference #1			
Name	Relationship	Occupation	
Email Address	Home Phone	Cell Phone	Work Phone
Professional Reference #2			
Name	Relationship	Occupation	
Email Address	Home Phone	Cell Phone	Work Phone
Professional Reference #3			
Name	Relationship	Occupation	
Email Address	Home Phone	Cell Phone	Work Phone

Applicant Name (Please Print) _____

Professional Licenses/Certifications

License/Certification Type	Number	State	Year Obtained	Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your license/Certification ever been revoked, suspended, or been subjected to any disciplinary action?

Yes No - If yes, please explain _____

Employment History

Current Employer:			
Employer	Address		
Supervisor	Supervisor's Title	Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Last/Current	
Employment Date			
Position			
Salary			
Duties			
Reasons for Leaving			
Second Most Recent Employer:			
Employer	Address		
Supervisor	Supervisor's Title	Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Last/Current	
Employment Date			
Position			
Salary			
Duties			
Reasons for Leaving			
Third Most Recent Employer:			
Employer	Address		
Supervisor	Supervisor's Title	Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Last/Current	
Employment Date			
Position			
Salary			
Duties			
Reasons for Leaving			

Applicant Name (Please Print) _____

Schedule Availability

Are you seeking (check one): Full-time (32-40 hrs. per week)
 Part-time (Less than 32 hrs. per week). Indicate # of hrs. _____

Note: Work schedules are based upon the needs of the business and may be subject to change

Hours Available	Mon	Tues	Wed	Thurs	Fri	Sat
From:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
To:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

General Information

	No	Yes	Details
Have you interviewed with My Doctor, LLC before?			Dates:
Have you ever been employed by My Doctor, LLC?			dates/location:
Are any relatives employed by My Doctor, LLC?			If yes, who:
Are you under 18?			If yes – can you furnish a work permit?
Are you able to travel between locations if required?			
Are you a citizen of the United States of America?			
if no, authorized to work on an unrestricted basis?			
Have you ever been:			If yes, please explain:
Discharged/asked to resign from any employer?			
Convicted of a felony or Theft?			
Disciplined or received verbal or written warning(s) for:			
Absenteeism or tardiness?			
Failure to follow company policy?			
Failure to follow safety policies?			
Conflicts with co-workers?			

Technology Experience

What is your experience with the following technology tools:	Proficiency Level				Software/Version
	None	Low	Medium	High	
Microsoft Word					
Microsoft Excel					
Microsoft Outlook					
Quicken					
EMR					
Medical Billing System					
Hospital Electronic Record System					
Internet software					
Networking					
HealthBridge					
Other:					

Additional Information:

Please write a short paragraph describing your daily activities in your current or most recent position.

What value can you bring to our office/work team?

Please write a short paragraph describing your participation in a quality improvement project.

What is your strongest asset? Your area of skill that you most want to improve? Why?

Please write a short paragraph describing how you exceeded a customer's expectation..

How were you referred? _____

What is your desired position? _____ Desired hourly Wages? _____

NOTIFICATION AND AGREEMENT:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. I agree that a photocopy or imaged copy of this signed agreement will be as valid and enforceable as the original.

It is the policy of My Doctor, LLC to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State, or Local law.

There is nothing in my background that would cause risk to My Doctor's patients, employees or property. I authorize My Doctor, LLC to conduct reference checks, criminal record checks, and the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree that I will be an at will employee, which means I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. If hired, I agree to notify My Doctor, LLC if I am charged with or convicted of a felony or misdemeanor. My Doctor, LLC is a Drug and Smoke Free Environment: I agree I will not work under the influence of drugs or alcohol. I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the Company President, or to make any agreement contrary to the foregoing.

I certify that I am applying for a position at My Doctor, LLC because I wish to work for and contribute to the success of My Doctor, LLC and for no other reason. I understand that if I am employed by My Doctor, LLC I will have a fiduciary duty to act in My Doctor's interests and not in the interests of any other employee or group. I also understand that I must treat confidentially any information I learn in the course of my application process or employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Questions regarding this statement should be directed to any employment interviewer before signing.

Applicant Name (Please Print)

Applicant Signature

Date

